DOCUMENT RESUME

ED 342 766 SP 033 656

AUTHOR Nichols, Teresa M.
TITLE Clinical Experiences in Teacher Preparation Programs: A Scope and Sequence Model.
PUB DATE Feb 92
NOTE 22p.
PUB TYPE Reports - Descriptive (141) -- Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Elementary Secondary Education; *Field Experience Programs; Higher Education; Integrated Curriculum; Laboratory Schools; Literature Reviews; Mentors; *Preservice Teacher Education; *Sequential Learning; *Student Teaching; *Teacher Education Curriculum; Teaching Experience; Theory Practice Relationship
IDENTIFIERS *Hierarchical Learning; Reflective Thinking; Reform Efforts

ABSTRACT

Clinical experiences remain an integral component of teacher preparation programs. One type of clinical experience is the Comprehensive Scope and Sequence Model, which calls for five hierarchical levels of clinical experiences: (1) college classroom practice activities; (2) campus laboratory practice activities; (3) block practicum field experiences in local schools for one semester; (4) one semester of student teaching; and (5) first year teaching follow-up support services. The model addresses the following criteria for assessing clinical experiences as reflected by the literature: varied settings; a wide array of experiences that are systematically selected, tied to course objectives, and integrated into the total teacher preparation program; careful selection of mentors; sequencing and monitoring of experiences; assessment of student performance; provision for practice of theory; opportunities for reflection on teaching; block practicum experiences; a year of school experience; follow-up support for first year teachers; and support of experiences by technical and material resources. A discussion of each level and of how the model addresses the criteria for effectiveness is provided. (Author/LL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED342766

CLINICAL EXPERIENCES IN TEACHER PREPARATION PROGRAMS: A SCOPE AND SEQUENCE MODEL

Teresa M. Nichols, Ph.D.
Associate Professor of Education
Director of Clinical Experiences
College of Education
Jacksonville State University
700 Pelham Road North
Jacksonville, Alabama 36265-9982
Home Phone: 205-435-2038
Work Phone: 205-782-5836

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

T. Nichols

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

SP033656

BEST COPY AVAILABLE

ABSTRACT

Clinical experiences continue to remain an integral component of teacher preparation programs. A review of the literature reveals several criteria pervasive throughout. These criteria include the following: Clinical experiences should be varied, should be supervised, should be shared responsibilities, should involve large blocks of time, should provide opportunities for reflective thinking, should have scope, should be sequenced, and should be supported by technical and materials resources. In response to these criteria, the College of Education at Jacksonville State University in Jacksonville, Alabama has developed a comprehensive scope and sequence model that calls for five hierarchical levels of clinical experiences beginning with college classroom practice activities, followed by campus laboratory practice activities, block practicum field experiences in local schools for a semester, a semester of student teaching in local schools for a semester, and first year teaching follow-up support services. A discussion of

each level and how the model addresses the criteria for effectiveness is provided.

FOCUS/A CLINICAL EXPERIENCES MODEL TO SUPPORT A CLINICAL APPROACH TO TRAINING TEACHERS

As colleges of education across the nation involve themselves in reform efforts to ensure relevance and viability in teacher preparation programs, the development of KNOWLEDGE BASES has been at the center of curriculum development efforts. The National Council for Accreditation of Teacher Education (NCATE) (1990) in an effort to monitor quality control in the professional preparation of teacher education graduates mandates knowledge bases for professional education. The intent of the knowledge base development is that professional education programs have adopted a model that guides the purposes, processes, outcomes, and evaluation of programs. In adopting models that require a clinical approach to meeting program outcomes, a need to conceptualize a program of clinical experiences prevails. This paper will discuss criteria for effective

clinical experiences and will present one model for ordering clinical experiences in a teacher preparation program.

CLINICAL EXPERIENCES: A SCOPE AND SEQUENCE MODEL

Clinical experiences continue to remain an integral component of teacher preparation programs. McIntyre (1983) completed a very thorough investigation of field experiences in teacher education programs and concluded that field experiences remain a valuable part of teacher education and should foster opportunities for reflection on teaching and settings in which teaching takes place. Further, McIntyre (1983) maintained that field programs should adopt an inquiry-orientated approach to foster thoughtful examination of teaching and settings in which teaching occurs, that teacher preparation programs should develop internships that allow support of novice teachers throughout the process of becoming a teacher, and that college faculty should take on a clinical faculty role to provide effective supervision of

preservice teachers. Darling-Hammond (1991) maintained that in addition to mastery of subject matter knowledge and involvement in education courses, supervised clinical learning provides for effective classroom management and teaching is essential.

CRITERIA FOR QUALITY

The following criteria seem to be pervasive in current literature regarding clinical experiences.

Clinical experiences should be varied. Goodlad (1990), in an investigation of current practices in teacher preparation programs, postulates that clinical experiences in teacher education programs are fundamental, that they must involve a wide array of laboratory settings for observations and hands-on experiences, and that settings for field experiences must be exemplary of best educational practices. NCATE (1990) in outlining criteria for clinical experiences for students in teacher preparation programs, mandates that clinical

experiences must be sequenced and systematically selected in a variety of settings with planned opportunities to apply principles and theories. The Alabama State Department of Education (1991) mandates in its guidelines that varied school and community settings be worked into program plans in teacher preparation programs.

Clinical experiences should be supervised. Darling-Hammond (1991), in a review of research pertaining to guidance of clinical experiences, maintains that intensive supervision in clinical experiences is extremely important in ensuring effectiveness of beginning teachers. NCATE (1990) further outlines that the experiences be professionally supervised and that evaluations of effectiveness of supervision be outlined. McIntyre (1991) concludes that college professors in colleges of education should take on clinical faculty roles to ensure effective supervision. Involvement of clinical faculty in the supervision of clinical experiences ensures that clinical experiences are an integral

component of teacher preparation programs and not simply appendages.

Clinical experiences should be shared responsibilities. Meade (1991) provided that the clinical experiences in teacher education should be the shared responsibility of schools and school systems, colleges and universities, and professional teacher organizations. Meade (1991) further maintained that these should take place in public schools committed to the development of teachers and the instruction of students and serve a demographically representative clientele. Goodlad (1990) advocated that collaborative efforts between schools and colleges of education must be conducted. NCATE (1990) also mandated that colleges of education extend their assistance to students through their first year of teaching to ensure collaborative efforts in follow-up.

Clinical experiences should involve large blocks of time. State Departments of Education usually outline guidelines for clinical experiences for colleges of education. The Alabama State Department of Education (1991) mandated several

criteria regarding clinical experiences. Among these are that students shall have opportunities for varied school and community settings and that large blocks of time for practical field experiences prior to student teaching be part of program design. Meade (1991) maintained that clinical experiences should take place over a sustained period of time, preferably a full school year.

Clinical experiences should provide opportunities for reflective thinking. McIntyre (1983) synthesized from the research that field programs should adopt an inquiry-oriented approach to foster thoughtful examination of teaching and settings in which teaching occurs. McIntyre (1983) further maintained that in planning field experiences, opportunities for reflection on teaching and settings in which teaching takes place must be integral.

Clinical experiences should have scope. Ernest, Ducharme, Hymer, Philpot, Podemski, Prince, and Tishler (1991) outline three types of clinical experiences in teacher preparation programs: field-based clinical activities in local

schools, dispersed throughout pre-service training, campus clinical activities involving the university classroom and learning laboratories on campus designed to offer simulation opportunities, and clinical activities that provide follow-up to continue professional development of teachers to ensure that the college's involvement continues as a support base to its graduates.

Clinical experiences should be sequenced. Guidelines outlined by NCATE (1990) mandated that clinical experiences must be sequenced and systematically selected in a variety of settings. Ernest, et al (1991) outlined levels of clinical experiences that range from college classroom practical activities, to campus laboratory experiences, to school-based experiences.

Clinical experiences should be supported by technical and materials resources. It is essential at each level of clinical experiences, whether in a college classroom, a campus lab, or a school setting that technical and materials resources are available to pre-service teacher and supervisors. These

technical and materials resources should include teaching materials and kits, equipment for making teaching aids, audio-visual equipment, and other such resources that teacher preparation program planners want pre-service teacher to take into their future classrooms.

A synthesis of the above criteria suggests that basic to models of clinical experiences, a scope and sequence is central to effectiveness. A scope and sequence model can address other criteria to include varied experiences, opportunities for reflective thinking, and organized, shared efforts for supervision. The following is a discussion of one such model.

A COMPREHENSIVE SCOPE AND SEQUENCE MODEL

In participating in the never ending cycle of curriculum development, the College of Education at Jacksonville State University in Jacksonville, Alabama has developed a clinical experiences model that addresses recommendations of

researchers as well as national and state accrediting agencies as summarized above. The model evolved over a three-year period and will continue to be test and adapted. The model represents both depth and breadth in its implementation, provides close interaction of college faculty and preservice teachers, ensures a variety of settings and experiences, builds in opportunities for reflective thinking, and is supported by materials resources. The model provides for five hierarchical levels of clinical experiences beginning with college classroom practice activities, followed by campus laboratory practice activities, one block practicum field experience in a local school for a semester, a semester of student teaching in a local school, and first year teaching follow-up support services. All these experiences are supported technically and materially by the Learning Resource Center in the College of Education. (See Figure 1)

Undergirding the Comprehensive Scope and Sequence Model (CSSM) in the College of Education at Jacksonville State University is the Learning Resources Center (LRC) housed in

the College of Education. The LRC provides both technical and material resources (Jacksonville State University, 1991) to all levels of clinical experiences in the College of Education. The Center provides extensive teaching materials and kits, test protocols, equipment for making teaching aids, audio-visual materials and equipment, and a computer lab with more that 1000 software programs. The LRC is accessible to all education students, serves all levels of clinical experiences of the model, and provides technical and materials resources at all levels.

Level I Clinical Experiences are those practical experiences included in professional studies classes and, in particular, methods classes. Level I experiences are unique in that they include simulations, role playing, video taping, micro-teaching, project/unit development, subject matter portfolios, and group research and presentations. These activities support course objectives and descriptions of these activities are specified in individual course syllabi.

Successful performance of these activities is monitored and evaluated by the college professor.

Level II Clinical Experiences are provided on campus in laboratory settings. Unique to Level II experiences are participation opportunities in two campus labs available to undergraduate education majors: the Teaching/Learning Center (T/LC) and the Nursery School. Practical experiences at this level are currently attached to educational psychology classes. The purpose of these experiences is to provide opportunities for one-to-one interaction experiences for college students and children from surrounding areas under the close supervision of College of Education faculty and staff. Documentations of time, evaluations of successful interaction with children, and completion of program objectives are provided.

Level III Clinical Experiences are Block Practicum Experiences prior to student teaching provided by the College of Education in collaboration with local schools. These Block Practicum experiences provide gradual exposure for students

to the real classroom and to the school environment. These experiences involve observations, participation in school activities, and completing required assignments outlined in course objectives for one or two days per week for a semester. A workbook/handbook provides a schedule for assignments and forms to log time. Orientations and in-service activities are provided for cooperating classroom teachers to ensure collaboration in attaining goals of these clinical experiences. College professors monitor the student participation progress and, along with cooperating classroom teachers, provide evaluative information which includes interaction skills with children, teachers, parents, and other school staff as well as course requirements.

Level IV Clinical Experiences include student teaching in schools. These experiences are provided by the College of Education in collaboration with local schools and involve a semester placement with carefully selected mentors. The purpose of student teaching is to provide a continuous, closely monitored experience that involves observations, participation

activities, and extensive teaching time. A handbook provides descriptions of requirements and forms to log time, to observe classroom performance, and for evaluation. College supervisors and classroom cooperating teachers monitor performances and provide evaluation. Orientations and in-service activities provided for cooperating classroom teachers continue to ensure collaborations between the college and schools. Combined, Levels III and IV provide a year long experience in school settings for pre-service teachers.

Level V Clinical Experiences include follow-up activities, in-service activities, and continued technical and materials support services involved in a first year teaching support team program. The College of Education provides support services to first year teachers and their system supervisors. If first year supervisors identify weaknesses that must be addressed, College of Education faculty work with the supervisor and the teacher to develop a personal or professional improvement plan. Collaborative efforts at this level involve shared in-service activities in schools, school

systems, and on campus. Program evaluation data are gathered at this level to ensure that the teacher preparation program is viable and current in providing training for teachers to be prepared to deal successfully with the complex world of teaching.

After experiencing four levels of clinical experiences and the supporting coursework, students in the College of Education at Jacksonville State University are well-equipped to function effectively as beginning teachers. The Level V experience communicates a commitment to beginning teacher effectiveness.

CONCLUSIONS

The Comprehensive Scope and Sequence Model of clinical experiences in the College of Education at Jacksonville State University has addressed effectively the following criteria for assessing clinical experiences as reflected by the literature:

-Settings are varied

-A wide array of experiences is provided

-Experiences are systematically selected

-Experiences are tied to course objectives

-Experiences are integrated into the total teacher preparation program

-Mentors are carefully selected

-Experiences are sequenced

-Experiences are monitored

-Student performance is assessed

-Practice is provided for theory

-Opportunities for reflection on teaching are provided

-Block practicum experiences are provided

-An entire year of school practical experience is provided

-Follow-up support for first year teacher is provided

-Experiences are supported by technical resources

-Experiences are supported by materials resources

It is essential that quality clinical experiences be

provided in teacher preparation programs. In response to this nation's effort to take a careful look at how teachers are prepared, the process of curriculum development continues to be unending. Assessed needs bring an investigation of the research, the research brings revision and actions plans, and evaluation initiates the process again. As those who prepare teachers continue to respond to needed changes, teacher preparation programs will continue to meet the demand to effectively prepare the nation's teachers.

BIBLIOGRAPHY

Alabama State Board of Education (1991). RULES FOR ALABAMA TEACHER EDUCATION. Chapter 290-030-030, State Department of Education Administrative Code. Montgomery, AL.

Jacksonville State University (1991). Annual Report. Jacksonville State University, Jacksonville, AL.

Darling-Hammond, L. (1991). Are our teachers ready to teach? NCATE QUALITY TEACHING, 1-1, 6-10.

Ernest, B., Ducharme, A., Hymer, B., Philpot, J, Podemski, R., Prince, J., & Tishler, A. (1991). ALACTE Task force position paper on funding and the role of school, colleges and departments of education (SCDEs) within the total university. Unpublished manuscript, University of Montevallo, Montevallo, AL.

Goodlad, J. I. (1990). TEACHERS FOR OUR NATION'S SCHOOLS. Jossey-Bass: San Francisco.

McIntyre, D. J. (1983). Field experiences in teacher education: from student to teacher. FOUNDATION FOR EXCELLENCE IN TEACHER EDUCATION. ERIC Clearinghouse on Teacher Education No SP 021 492.

Meade, E. J. (1991). Reshaping the clinical phase of teacher preparation. PHI DELTA KAPPAN. 666-669.

National Council for Accreditation of Teacher Education (1990). NCATE standards, procedures, and policies for the accreditation of professional education units. Washington D.C.